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Addressing Nursing Retention: A Web-Based Approach Focusing On Joy In Work

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Addressing Nursing Retention:

A Web-Based Approach Focusing on Joy in Work

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Abstract

The nursing workforce is in a crisis caused by critical imbalances which is evident through the nursing shortage, alarming rates of clinician burnout, and poor patient outcomes; this is expected to produce one million vacant positions within the next five years (U.S. Bureau of Labor Statistics, 2020). Turnover rates and burnout continue to increase nation-wide while the workforce remains disengaged (Dempsey & Assi, 2018). This project addressed nursing retention by promoting engagement, interconnectedness, and shared governance in a varied group of healthcare professionals working in the COVID-19 vaccine clinic at LAC+USC Medical Center. A virtual medium was created to implement an innovative model protocol using the Institute of Healthcare *Joy in Work* Framework. A survey tool measuring connection to work and intent to leave was disseminated. There was on overall increase in post-survey results suggesting an improvement in meaning and purpose in work among participants. This project can be the foundation to a gold standard retention blueprint that is missing in healthcare.

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Chapter 1

Introduction

In 2015, the Institute of Healthcare Improvement (IHI) created the triple aim with the attempt to redesign healthcare into a more efficient system. This framework aimed to: 1) Reduce costs 2) improve health outcomes 3) enhance the patient experience (Sikka, 2015). Lacking traction, and realizing the missing piece, the health of the workforce, IHI added a fourth aim a couple of year later known as *joy in work*. This was a derivative of the understanding that the first three aims cannot be accomplished without placing adequate attention into caring for those who care for everyone else. Moreover, the fourth aim was added to address the fatigue, emotional exhaustion, and burnout that has inappropriately become the norm in the healthcare industry. In fact, in the foreword of the IHI White Paper, Don Berwick (2017) conveyed that when he first introduced the idea of *joy in work*, many received it with doubt and futility; as if the healthcare system was too overwhelmed with unbearable burden that improving joy in work seemed like an impossible feat. An important question was how to stop the burn, while simultaneously reigniting the flame to help the workforce reconnect with the work they do? Although this is a question that should be addressed for all healthcare professionals, the focus of this paper will be on nurses, the largest group of professionals within the system.

Made up of about 4 million individuals, the nursing workforce is in a crisis caused by critical imbalances (American Association of Colleges of Nursing, 2019). This is evident through the nursing shortage, the alarming rates of clinician burnout, and the poor patient outcomes (National Academy of Medicine, 2019; Dos Santos Alves et al., 2017). There are many

interrelated layers to this crisis, therefore it is important to unpeel each layer to get to the center of the problem in order to create a thoughtful and effective approach to ignite nursing retention.

The nursing shortage is an unresolved, cyclical problem, consistently predicted to produce more than 500,000 vacant positions by 2025 (U.S. Bureau of Labor and Statistics, 2020; Gellasch, 2015; Twigg & McCullough, 2014). If this trajectory continues, there will not be enough nurses to care for the sick, while further impeding the ability to provide high quality healthcare delivery (Brewer et al., 2011). The problem stems from the inability to supply the demand of nursing personnel (Harris, 2019; Dos Santos Alves et al., 2017; Gellasch, 2015). The nursing shortage is a vicious cycle. Nurses are hired, trained, then they leave. Many exit the organization, some retire, and others have left the field altogether. Academia was not immune to this problem; in fact, the shortfall of nursing instructors and professors limited the volume of people entering the nursing profession (Harris, 2019; Dos Santos Alves et al., 2017). Thus, the cycle remained unbroken, and reinforced the shortage.

The inability to retain nurses was a major factor affecting the nursing shortage. There was an increase in the reported annual turnover rates in the United States from 16.4% in 2011 to 17.1% in 2016 (Fisher et al., 2016). Turnover rates were the highest among new hires, with more than 30% leaving within the first year of employment (Eckerson, 2018). Generational influences have compounded the problem as the largest group within the nursing workforce were set to retire within the next decade (Gellasch, 2015). Understanding the contributing factors to turnover will provide valuable information that can be used to promote retention.

Problem Statement

Statistics on nursing vacancy combined with turnover consistently depict the magnitude of the nursing shortage that has been exacerbated by the difficulty to retain nurses. A national healthcare survey revealed that 84.8% of organizations viewed retention as a key strategic imperative, but it was not evident in their operational planning (Fisher et al., 2016). The wellbeing of the nursing workforce has been ranked below several other priorities by executive leadership such as reimbursement issues and government regulations (Gellasch, 2015). It will be difficult to accomplish any priority with a diminished workforce. The problem of retention requires heightened awareness and should be at the forefront of strategic planning. It is important to identify the root cause of employee dissatisfaction as well as the reasons nurses leave or intend to leave. Using evidence-based practice, healthcare organizations should prioritize designing robust retention strategies that proactively focuses on promoting employee engagement, wellbeing, and resilience (National Academy of Medicine, 2018; Perlo et al., 2017).

This DNP project addressed nursing retention by emphasizing engagement, interconnectedness, and shared governance using the IHI *Joy in Work* framework in a varied group of healthcare providers working in a clinic setting. *Joy in work*, does not necessarily mean happiness, nor is it simply the absence of burnout—it is an approach to finding meaning and purpose in one's work (Perlo et al., 2017). The direct systems impact of *Joy in Work* was apparent in how the level of connection with one's work affected the staff's satisfaction, the patient's experience, and ultimately, the organization's performance.

Significance of Addressing the Problem

The Corona Virus-2019 (COVID 19) pandemic exposed healthcare inadequacies in America, particularly exposing the reactive culture in healthcare in combination with inadequate

resources (Ranney et al., 2020). It acted as an accelerant, providing a snapshot of what the future can permanently look like if measures are not taken to address the nursing crisis and its underlying causes. It is difficult to produce desirable outcomes and to deliver safe care with a limited workforce. Further, a dissatisfied and disengaged workforce will not yield optimal results (Dempsey & Assi, 2018). The U.S. Bureau of Labor and Statistics (2020) projects more than 1,000,000 RN open positions over the next five years as a result of workers exiting the field. Meanwhile, turnover rates are not improving; there are not enough resources to recruit and train into the profession to match the continuous stream of nurses flowing out (Harris, 2019; Dos Santos Alves et al., 2017).

The cost of turnover significantly reduces hospital margins. The average cost of one bedside RN is approximately $44,000 per year. An average hospital loses between $3,600,000 to $6,100,000 per year at a rate of about $300,000 per 1% increase in nursing turnover (Nursing Solutions, 2020). The opposite can also be true, hospitals can save $300,000 for every 1% decrease in nursing turnover which is one of the top reasons that retention efforts should be prioritized.

Chapter 2

Background/ Literature Review

The literature used for this review was obtained from a search of the following databases: CINAHL, Ovid, MEDLINE, PubMed, SCOPUS and ProQuest. The search strategy included using the following terms: Joy in Work, Nursing Turnover, Nursing Intent to Leave, Burnout, Nursing Shortage, Nursing Job Satisfaction, Nursing Retention, Nursing Recruitment, and Nursing Retention Strategies. Extensive research exists on the topic of nursing retention. The literature review included the ramification of ineffective retention efforts, the contributing factors behind nurses exiting the profession, as well as evidence-based recommendations to improve retention.

Implications of Retention

Quantitative Outcomes

The cost of nursing turnover was estimated at approximately two billion dollars per year (Brewer et al., 2011). For every one percent increase in the turnover rate, an organization is expected to spend about $300,000 per year (Nursing Solutions, 2020; Gellasch, 2015). Out of this annual outlay, it costed approximately $90,000 to replace one Registered Nurse inclusive of overhead fees extending from recruitment through termination of employment (Koppel, 2017). This cost may vary based on the amount of temporary help needed when an employee leaves; including overtime utilization and/or the use of contracted nurse registry companies (Becton et al., 2009; Hayes et al. 2014). Turnover leads to lost revenue from the interim vacancy period and the time it takes for the new hire to get acclimated (National Academy of Medicine, 2018). Moreover, there were hidden costs that were often unaccounted for such as the knowledge and

skills lost when an employee leaves and low employee morale often caused by higher workloads (Hayes et al. 2014).

In addition to the high cost of turnover, there was also a high price to pay for employee dissatisfaction. A recent analysis of more than 350,000 nurses revealed that 15 out of every 100 nurses are disengaged, costing companies $22,000 per employee per year from decreased productivity (Dempsey & Assi, 2018). This loss of revenue was associated with a higher incidence of absenteeism, and an increase in both patient complications and medical errors, as a result of poor job performance (Becton et al., 2009; Hayes et al., 2014). The increased incidence of complications and medical errors was also associated with a decrease in reimbursement from agencies like CMS, which negatively affects a healthcare institution's bottom-line (Hayes et al., 2014).

Qualitative Outcomes

Although the financial burden is great, poor patient outcomes may be the steeper price to pay. Nursing turnover was associated with an increase in medical errors along with higher rates of infections and other complications--increased length of stay and increased rates of mortality (Becton et al., 2009; Hayes et al., 2014). Medical errors have proven to lead to poor patient outcomes and was conservatively reported to lead to at least 98,000 Americans deaths per year (Institute of Medicine, 1999). Another contributing factor to poor outcomes was employee disengagement, which as previously mentioned, was linked to nursing turnover; a study on employee wellness showed that a 30% reduction of burnout resulted in 6239 fewer patient infections (National Academy of Medicine, 2018). Limited staff in addition to lack of engagement made it difficult to maintain safe environments, decreases the time spent with patients, and made it less likely for nurses to proactively detect early signs of complications or

deterioration (Gellasch, 2015). Less favorable outcomes were the result of both inadequate personnel and a disengaged workforce.

Retention Elements

Multiple factors influence turnover including job satisfaction, practice environment, leadership support, relationship with colleagues, and employee engagement (Burmeister et al., 2018). All of these elements play a significant role in nursing retention.

Job satisfaction which was frequently cited as a retention indicator involved professional, personal and organizational factors (Ashley, 2018; Brown, 2018; Cicolini, 2014; Coomber & Barriball, 2007; Cummings, 2011). More specifically, job satisfaction also included burnout, role confusion, salary, staffing, workload, supervisory relationship, colleague support, and environmental issues (Brown, 2018; Cicolini, 2014; Hayes et al., 2014). Studies have found work satisfaction to be a predictor of retention (Ashley et al., 2018; Hayes et al., 2014). Heavy workloads, lack of staffing, and emotional exhaustion, were associated with decreased job satisfaction (Brown, 2018). People with higher job satisfaction tend to exhibit behaviors that led to greater job performance as well as greater organizational production (Gibson & Petrosko, 2014).

The practice environment played a big part in retention. Healthy work environments were linked to patient satisfaction, and lower burnout (Bentley, 2010). Burnout occurred when emotional resources were depleted (Hayes et al., 2014; Özgür & Tektaş, 2018). Demanding physical and emotional workloads, forced overtime, and perceived inability to provide high quality care led to burnout as well as increased the probability of turnover (Özgür & Tektaş, 2018). New graduate nurses were especially impacted by stressful work environments and higher acuities which have been reported to lead to lower self-confidence and decreased levels of

satisfaction (Eckerson, 2018). A positive workplace culture has been linked to better patient outcomes, increased safety, and improved retention rates (Ashley et al., 2018).

Literature continued to demonstrate the impact of leadership on retention (Casida & Parker, 2011; Dempsey & Assi, 2018; Gibson & Petrosko, 2014; Murff & Defer, 2010; Twigg & McCullough, 2014). Employees have expressed satisfaction when there was perceived leadership trust and support (Casida & Parker, 2011; Özgür & Tektaş, 2018). Studies showed that trust in a leader was positively associated with job satisfaction and negatively associated with intent to leave (Gibson & Petrosko, 2014). Additional desirable leadership qualities include effective communication skills, ability to resolve problems, and the ability to motivate staff through positive reinforcement. Leadership style also mattered. Studies showed a positive correlation with transformation leadership style and retention (Brown, 2018; Casida & Parker, 2011). Mentorship, integrity, value of nursing excellence, and ability to empower staff were some of the valued characteristics of a transformation leader. This style of leadership has proven to successfully foster a culture of collaboration, shared governance, autonomy, and organizational commitment—which translates into job satisfaction and retention (Casida & Parker, 2011). In a study interviewing high-performing managers, establishing meaningful connections was a common reason cited behind their success (Dempsey & Assi, 2018).

Aside from supervisor to employee connection, relationship with colleagues have also been shown to influence retention (Havens, 2018; Hayes et al., 2012). The workforce values teamwork, collaboration, and effective communication. More recent studies have explored collaboration at a different level through relational coordination. Relational coordination, which was the act of communicating and relating with other individuals to accomplish a task, has shown to increase job satisfaction, work engagement, and reduce burnout (Havens, 2018).

Relational coordination has shown to increase the ability to cope with stress and thus increases resilience. Other positive outcomes linked to relational coordination include job satisfaction, engagement, proactive behaviors, reciprocal learning, and ability to learn from failure (Havens, 2018).

Generational influence played a big factor in the nursing shortage. The Baby-boomer generation makes up 40% of the nursing workforce (Delli Carpini, 2014). The Boomer's exit from the nursing workforce has been predicted to not only leave a large quantitative deficit but also a qualitative deficit with the knowledge and experience that would be lost with the exiting group. On the opposite side of the spectrum, the Millennial generation is the youngest group in nursing, and is gradually growing in size. Research have shown that early-tenure millennials were leaving their organizations at a higher rate than other groups. Some of the reasons behind this included lack of loyalty due to poor work environments, and advances in technology, making job search fast and easy (Koppel, 2017). Understanding the characteristics of this group will be critical to designing a retention strategy.

In recent years, the focus has shifted towards employee engagement as a driving force behind retention. Employee disengagement not only costs an organization money, but it is also a precursor to turnover. Low engagement has been associated with poor teamwork and lack of effective communication. In fact, studies have shown that engaged nurses have resulted in reduced fatigue, burnout, and turnover, while improving clinical outcomes and patient experience (Dempsey, 2018; Galuska, 2018; Sikka et al, 2015). Patient outcomes have been connected to nursing engagement (Dempsey, 2018). In fact, authors Ashley et al. (2018), found that the most important job satisfiers for nurses include meaningful patient interactions, autonomy, career development and work-life balance.

Burnout was one of the reasons behind of withdrawn employees. It was estimated that 35-54% of nurses and physicians exhibited signs of burnout. This often led to disengagement, then eventually turnover. The personal costs are even higher as burnout is linked to occupational injury, problematic alcohol use and risk of suicide. The National Academy of Medicine (2019) recently released a report identifying burnout as a workforce crisis. Factors contributing to burnout included excessive workload, administrative burden, poor technology usability, time pressure, and moral distress. Not enough needed resources are available to employees to meet these high demands. Meaning and purpose in work, organization trust, autonomy, positive reinforcement, and healthy working relationships are lacking resources for healthcare workers (National Academy of Medicine, 2019).

Best Practices

Many studies have identified support as the key ingredient to retention, especially among new hires (Eckerson, 2018; Van Chappy, 2017). Support comes in the form of mentorship, building positive practice environments, and bidirectional leadership. In 2010, the Institute of Medicine suggested implementation of Nurse Residency Programs as one of the recommendations to improve nursing practice (Al Dossary et al., 2013; Eckerson, 2018; Lin et al., 2014). Improving practice environments has shown to promote employee wellness (Twigg & McCullough, 2014). The culture and direction of an organization was greatly impacted by the leadership team. Organizations can stimulate both a healthy climate and retention by implementing evidence-based initiatives like Nurse Residency Programs, promoting positive practice environments, and strengthening the leadership role.

A Nurse Residency Program is a training curriculum for new nurses designed to effectively transition novice nurses into the profession (Eckerson, 2018). Studies have shown

that Nurse Residency Programs effectively diminished turnover rates among new hires (Eckerson, 2018; Lin et al., 2014; Van Chappy, 2017). Poor retention in the first year of hire is attributed to dissatisfaction due to stressful work conditions, increased patient acuity and lack of confidence in skills and judgment (Eckerson, 2018; Lin et al., 2014; Van Chappy, 2017; Al-Dossary et al, 2013). Aside from improving retention in the first year, the Nurse Residency Programs aim to empower new nurses to practice with confidence in a safe manner. Although there is not one gold standard guideline to creating a Nurse Residency Program, studies have found common elements. Mentorship through pairing of a preceptor with a novice nurse over the course of the orientation, combined with other contents such as didactic education, peer-reflection, simulation, debriefing, and evidence-based projects are similar components in these programs (Eckerson, 2018; Cochran, 2017). The length of a residency was suggested to be at least 10-15 months to provide adequate support for a new hire (Eckerson, 2018; Cochran 2017). Mentorship over time has shown to foster time-management, prioritization, critical thinking, communication, and conflict-resolution skills for inexperienced new hires (Eckerson, 2018). Nurse Residency Programs established a foundation of guidance that assisted a novice to adjust successfully into the nursing profession, and thus decreasing the probability of turnover.

Promoting a positive work environment has been linked to nursing satisfaction and retention. Tactics that have been correlated to improving practice environments include empowering nurse participation, building a strong foundation for quality of care, leadership support, and collaborative nurse-physician relationships (Hayes et al., 2012; Twigg & McCullough, 2014). These strategies are essential towards creating a healthy ethical climate (Brown, 2015). Moreover, moral distress is inversely related to a sense of coherence and job

satisfaction (Ando & Kawano, 2018). Applying these evidence-based strategies help prepare nurses to tackle ethical issues, and as a result boost nurse retention.

Strengthening the role of leadership starts at an organizational level. The alignment of an employee's vision with an organization influences retention. Trust in the organization, defined as the perception of support and veracity from their place of work, has a significant relationship with burnout levels. In fact, it was a predictor of emotional exhaustion, personal accomplishment level, and depersonalization (Özgür & Tektaş, 2018). Sources of burnout were related to organizational infrastructure which include excessive work hours, high workloads, and short staffing. Nurses also leave due to inadequate salary and benefits especially when disparity is perceived, along with the lack of career growth potential (Hayes et al., 2012; Özgür & Tektaş, 2018).

Studies have linked transformational leadership style and retention (Brown, 2018; Casida & Parker, 2011). Transformational leadership is a Magnet-designated strategy, which have been associated with higher retention rates (Brown, 2018; Twigg & McCullough, 2014). Autonomy, recognition, and communication are other key variables promoted by Magnet designated hospitals (Brown, 2018). The shared-governance approach has shown to empower front-line staff through shared decision-making while also progressing leadership skills which are driving elements to retention. Magnet hospitals were known to advocate for safe working climates, excellent patient care, adequate staffing, and career development (Fisher et al., 2016)

Gaps in the Literature

The inconsistent use of terminology in the literature makes comparison difficult over time. For instance, the term 'turnover' can signify internal, external, or both (Hayes e al., 2012).

Another example of inconsistency was the reported costs of turnover. Some studies refer to costs as direct, while others include indirect costs to their definition (Becton et al., 2009).

A large gap in the retention literature is information on employee intent to leave (Gellasch, 2015). Some studies have recognized certain characteristics that may influence intent to leave, such as nurses tend to be more mobile in the beginning of their career (Hayes e al., 2012). However, no direct correlations have been made.

Other gaps include information on education level, generational influence, and employee wellness including exhaustion, depression, and suicide and how these factors impact retention. There are inconsistent findings on education level. Some studies show a link with higher education and higher resiliency (Hayes e al., 2012). By contrast, another study found that Associate Degree-prepared Registered Nurses are more satisfied than their Bachelor degree-prepared counterparts (Gellasch, 2015). Regarding generational and cultural influences, millennials intend to stay about 3 years in contrast with their baby-boomer counterparts at an average of 8 years. The same study acknowledged the challenge of isolating generational differences in the context of factors such a cultural or personal view points (Dols, 2019). Additionally, changes in time and technology influenced generational cohorts' values (Koppel, 2018).

Regarding employee burnout and general wellness, a national report indicated that 39% of physicians experience depression accompanied by 400 cases of suicides per year which is more than the average population (National Academy of Medicine, 2018). There is a reporting deficit regarding depression and suicide rates in nursing, but some believe they may be higher than physician rates (Davidson et al., 2018).

Organizational Scan

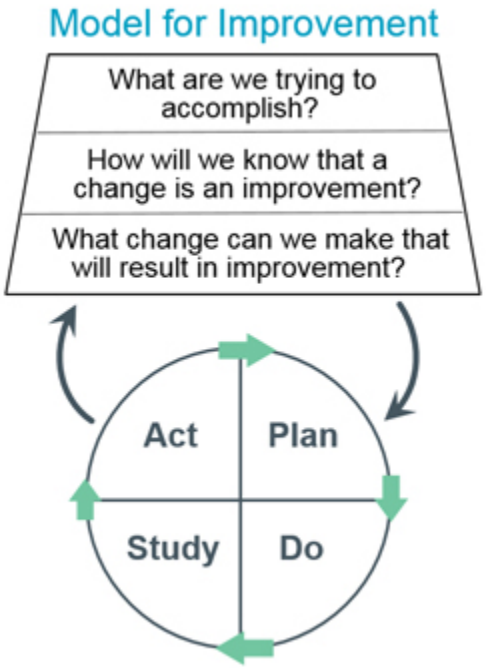
The Los Angeles County, University of Southern California (LAC+USC) affiliated Medical Center, is a 600-bed academic facility. LAC+USC Medical Center is one of the largest public teaching hospitals in the nation. As a level one-trauma center located in the heart of Los Angeles, this medical center provides comprehensive services from treating the most severe injuries in the intensive care units to providing preventative care in the outpatient departments. LAC+USC is also home to specialty services such as a burns unit, Violence Interventions Program (VIP), Rand Schrader HIV/AIDS clinic, and mental health services. The characteristic that sets this hospital apart from other facilities is the vulnerable population they serve. At LAC+USC, there are no restrictions to admission based on race, color, national origin, religion, language, culture, gender, sexual orientation, or socioeconomic status (Health Services Los Angeles County, 2019)

LAC+USC is a capitated system that operates on an annual budget of approximately $1.7 billion. Salaries and benefits were estimated at $1 billion of total expenditures. Turnover rates were approximately 7-10%. According to a national health care retention and staffing report, focusing on turnover rate could save an organization $300,000 for every 1% decrease in turnover: using this benchmark, LAC+USC can potentially save over two million dollars annually (Nursing Solutions, 2020). There is opportunity to strengthen retention efforts. In 2018 the first monetary retention incentive was inserted in the Memorandum of Understanding (MOU) contract. Nurse retention data exists but it is very generalized and is not reported periodically. Succession planning is limited, and varies based on department.

The Primary Care Clinics manages more than 40,000 empaneled patient lives per year. The team is made up of nursing staff, rotating residents, Attending physicians, social work team,

and pharmacy team. The nursing staff reports to a nurse manager, who reports to the nursing director that reports to the primary care medical director; with a dotted line to the chief nursing officer. The providers' chain of command run a parallel line to the primary care medical director, who then reports the chief medical officer. The plan for this project is to expand across all of Primary Care.

Project Model



The Plan-Do-Study-Act (PDSA) is a model for improvement to undertake a test of change. It was meant to be experimental and iterative (Lloyd, 2019). The intent of this tool was to try a new idea and involve others in the change process. The idea should be tested in a smaller scale, then under different conditions to acquire new knowledge about the concept (Lloyd, 2019; Greenlaugh, 2018). This project will be piloted in one of eight clinics, then eventually expand to all areas after refining the improvement idea with each iteration. This model consisted of four phases: *plan, do, study, and act,* and was best used when coupled with an overarching framework (Greenlaugh, 2018).

The first step of the PDSA tool was to *plan*. This step involved setting goals, predicting outcomes, and strategizing the how, what, when, why, and who of the quality improvement cycle (Lloyd, 2019). The methods section outlined the details of the plan of this initiative, for example after taking the pre-survey, using the four recommended steps of the IHI framework the participants will be asked: 1) What matters to you? 2) What are the bright spots and what are the challenges? 2) for a shared commitment 3) to use science to overcome challenges. Then a post survey was done to evaluate the significance of the outcome.

The second step of the PDSA cycle is to *do*. This section entailed testing the plan and implementing the program. collecting data, and documenting the problems (Lloyd, 2019). Data collection and documentation was embedded within the web-based process. Moreover, the protocol includes continuous assessment on how participants interface with the initial strategy throughout the project.

The third step of this model was to *study*. This was where data is analyzed, and where the results are compared to the prediction (Lloyd, 2019). This step produced lessons learned. The pre and post surveys were compared to assess for significance in this quality improvement initiative.

The final phase of this cycle was to *act*. This was the decision-making step based on the information gained from the first three steps (Lloyd, 2019). Ultimately, the question that needed to be answered was what's next? This phase required decision-making regarding changes for the next cycle. It may be a change related to the process, or perhaps it may be a change of condition. For instance, this project started in the vaccine clinic but will also have to go through a PDSA cycle in the adult and pediatric clinics to evaluate the sustainability of the idea under different conditions.

Theoretical Framework

This DNP project was based on the Institute of Healthcare Improvement's *Joy in Work* Framework. Through this framework, 'improving the experience of providing care' was added to the Triple Aim to form the Quadruple Aim (Sikka, Morath, & Leape, 2015). The Joy in Work framework was composed of nine interlaced components that play a part in promoting joy in a workplace (Perlo et al., 2017). Out of the total elements, four require greater attention as they relate to fundamental human needs and Maslow's theory—physical and psychological safety, meaning and purpose, choice and autonomy, along with teamwork and camaraderie (Perlo et al., 2017). However, all elements assist in finding meaning in a health system.

Framework Components

The framework was interrelated made up of nine critical elements that factor in promoting a joyful and engaged workforce:

1. Physical & Psychological Safety:
    - Physical safety was to keep the team safe from harm.
    - Psychological safety promotes just culture and created a respectful climate where people feel free to express how they feel without worrying about retribution.
2. Meaning & Purpose:
    - Employees were assessed to determine if they have purpose or they find meaning in their work. The goal here is the alignment with one's work and the mission and vision of an organization.
3. Choice & Autonomy:

- The workforce was assessed for level of perceived autonomy; and how involved they felt in the decision-making process in their jobs. It was important to give the staff enough information and support to assist in staff's decision making. Shared governance was a strategy that some organizations uses to achieve this goal.

4. Recognition & Rewards:
    - Recognition of individual and team accomplishments was important to reinforce positive changes in the work environment. This positive reinforcement tactic was aimed towards meeting team/organization goals.
5. Participative management:
    - Encouraging staff involvement through communication and consensus building was integral in this element. Engagement, appropriate information and listening were important factors.
6. Camaraderie and teamwork:
    - The aim here was to build effective, trusting and supporting teams.
7. Daily improvement:
    - This was the part that needed in everyday operations to recognize both defects and successes.
8. Wellness and resilience:
    - Self-care was promoted to staff which included advocating for stress management techniques that led to resilience.
9. Real-time measurement:

- Ensure effective feedback system including quality improvement (Perlo et al., 2017).

Specific accountability for elements of the framework was assigned to senior leaders, managers and core leaders, and the individuals who make up the organization. Responsibility for all nine elements fell under senior leadership. The middle group, including the managers and core leaders, were responsible for utilizing participative management, developing camaraderie and teamwork, leading and encouraging daily improvement, including real-time measurement, and promoting wellness and resiliency in their daily operations. Staff engagement was the crux of the middle leadership's goals. Finally, the individuals were accountable to foster a respectful and creative environment using real-time measurement. Employee wellness was everyone's responsibility (Perlo et al., 2017).

Project Goal

This DNP project addressed nursing retention by emphasizing engagement, interconnectedness and shared governance. To that end this this DNP project used the IHI framework, *Joy in Work*, to improve the elements of meaning and purpose, as well as participative management in a varied group of healthcare providers working in a clinic setting.

Aims

The aims for this project were:

1. To develop a model protocol for nurses and other healthcare team members to utilize the IHI *Joy in Work* framework in co-designing the path to accomplish a shared goal.
2. To implement and evaluate the protocol in a Primary Care Clinic.
3. To make recommendations for scaling, adaptation and modification for larger systems.

The IHI four recommended steps for leaders to take were utilized in this project (Perlo et al., 2017). Following the IHI framework, the participants, made up of both the leadership and frontline nurses (RN's and LPNs), licensed independent as well as midlevel providers, and support staff co-designed their unit's roadmap; thus creating a route to a shared mission and vision. This project was done virtually to improve accessibility.

Chapter 3

Methods

This DNP project addressed nursing retention by emphasizing engagement, interconnectedness and shared governance. To that end this DNP project used the IHI framework, *Joy in Work*, to improve the elements of meaning and purpose, as well as participative management in a varied group of healthcare providers working in a clinic setting. This model protocol was delivered virtually and was interactive in nature.

The project aims were as follows:

1. ***To develop a model protocol for nurses and other healthcare team members to utilize the IHI Joy in Work framework in co-designing the path to accomplish a shared goal.***
    a. The Meaning and Joy in Work Questionnaire (MJWQ) was used to evaluate the practice environment in addition to one question from the Turnover Intention Scale (TIS-6) to evaluate the connection the team had with their work.
        i. The Meaning and Joy in Work Questionnaire was used to collect information of how connected the staff feel with the work they do (Rutledge et al., 2018). This tool measured 17 items that were categorized as follows: connections with others and value congruence, meaning of work, and caring. The items were each scored on a five-point Likert scale from a score of 1 for "strongly disagree" to a score of 5 for "strongly agree." A potential total score ranges from a score of 17 to 85. Sample questions included:

1. I am treated with dignity and respect by everyone I work with
2. I get meaning from the work I do
3. In my job, I can show patients that I care

The scale was validated in a 463-bed magnet community hospital. Out of the 1000 individuals invited to complete the survey, 457 responded. Cronbach's alpha for the total score was α= .94; correlations displayed a moderate to strong association between individual items of the tool with the total MJWQ score, with a range of r= .46 r= .79 (Rutledge et al., 2018)

ii. In addition to this tool, one question was extracted from the Turnover Intention Scale (TIS-6), a six-item tool that measures intention to leave. Using a five-point Likert scale the question measures an employee's intent to stay with an organization (Bothma & Roodt, 2013). This item was scored from 1 for low intent to leave to 5 for the highest intention to leave. The question used for this project was 'how often have you considered leaving your job?'

iii. The questions were disseminated via an anonymous link to the designated clinic electronically through Qualtrics, a program used to develop and track survey responses. Based on data from similar, previous projects in this organization we expected close to a 50% response rate estimated to equal 15 participants for this project.

Survey results were shared with both the moderator and the participants. Only aggregate survey results were shared with the participants.

b. A virtual network was developed to serve as the platform for accessibility and to enhance communication: Using Instagram, an established social media medium, the project manager created a controlled virtual space, closed to participants and used rules as a guiding feature for the pilot. The goal was to leverage the electronic world to enhance interaction and communication.

    i. **Setup**: The preparation started with setting up the closed virtual space prior to the project implementation. An account was created for each participant, and the moderator. No personal identifying information was used. The participants' identification was anonymous. The moderator had no supervisory relationship with the participants. The shared network was established by setting up each account to follow only the moderator of the group. This still allowed all members to see every comment posted by both the moderator and each participant in the group.

    ii. **Guidelines**: Rules were created to modify the traditional use of Instagram as a social media function. For instance, this pilot restricted the use of the "follow" option since the network was already set up for the end users. The "comment" function however, was used as one of the main features of the virtual environment. The rules were

established so that the moderator guided the activity of the virtual forum.

2. **To implement and evaluate the protocol in a Primary Care Clinic.**

   The aim during this pilot was for frontline and leadership staff to collaborate in co-designing the path to accomplish a shared goal. The plan was for the team to do this by using IHI's framework starting with the three actionable steps to guide the development of a shared deliverable, the creation of the clinic's roadmap to *joy in work.*

   a. A shared mission was created in step one to align with the team's ideal state.
   b. Step two helped the group recognize the bright spots that should be reinforced, while also identifying barriers that needed to be addressed.
   c. Then in step three, the moderator was to put the roadmap together based on participants' responses; this included the ideal state as the overall mission, the bright spots identified, and the barriers that needed to be addressed in order to achieve the overall goal. The roadmap blueprint was designed to map out the path to the teams' true north while also mapping out the bumps on the road that needed to be fixed. The implementation of this objective was aimed at yielding a working roadmap for the team, and engaging the team in the shared governance process.
   d. **Training**: Didactic teaching would be done to teach the team about the controlled virtual environment. A presentation was done virtually regarding the setup and the guidelines. Hands-on training followed. The participants were asked to use the functions of virtual environment.

e. Use IHI framework, steps 1-3 to guide the development of a roadmap.

i. **Step 1**: The moderator posted the question "What matters to you in your job?" then ask the participants to respond using the *comment* function. This question was further specified by asking a clarifying question "what does an ideal day look like?"

1. The participants were given a week to *comment.*
2. The team was asked to *like* the post to signify viewing their colleague's post.

ii. **Step 2**: The moderator posed the questions "what are the impediments in the work you do?" To answer this question, the team was asked to list up to three bright spots that would help steer towards their ideal state of work, then list up to three challenges that might impede it. The moderator asked participants to respond using the comment function.

1. The participants were given a week to *comment.*
2. The team were asked to *like* the post to signify viewing their colleague's post.
3. At the end of week two, the moderator was to *post* a summary of all responses. Then, the moderator was to *pos*t the top two barriers identified.
4. Participants were asked to *comment* on moderator's end of the week synopsis. The participants were asked to use the *comment* function if they disagreed. A majority vote would be

needed via the *comment* function to review the moderator's synopsis and vote on top two barriers.

iii. **Step 3**: Based on responses from steps one and two, the goal was to create a roadmap showing the ideal state, while mapping out both the bright spots and barriers along the way. The intent was to develop this roadmap using a systems approach while also reinforcing shared accountability.

1. The moderator was to create the roadmap based on the cumulative feedback from step 1 and step 2.
2. The participants were given a week to provide feedback by using the *comment* option.
3. At the end of the week, after considering feedback, the moderator to finalize a working roadmap depicting the ideal state, the bright spots, the barriers, then highlighting the agreed upon problem to prioritize.
4. A majority vote was required to signify agreement with the roadmap as the final deliverable. To cast a vote in favor of the roadmap highlighting the barrier to address, the team to use the *like* function.
    a. If an agreement is not reached from the first proposal, an ADHOC 30-minute meeting planned for further discussion, and to solicit feedback for modification.

Then the voting process will be repeated until a majority vote is attained.

iv. **Step 4**: Based on steps 1-3, the team was to decide on an evidence-based approach to address the biggest challenge of the group. 30-minute meetings were held once a week. The participants asked to join via an outlook calendar invite.

f. The working roadmap depicted the ideal state and the path to get there including the bright spots and the barriers to serve as the group's deliverable.

g. **Evaluation Plan**: Both the pre and post intervention survey were analyzed as described in the results section.

3. To make recommendations for scaling, adaptation and modification for larger systems.

The plan was to pilot this quality improvement project in one clinic then expand to the ten clinics of the facility. Following the completion of this project, a meeting to be arranged with the executive team of the medical center to discuss adaptations across the entire organization. In addition, since the Association of California Nurse Leaders (ACNL) has a committee dedicated to promoting positive work environments, so this would be an ideal venue to present this project to the leadership and members of this organization. This would be done by reaching out to the chair of the Healthy Work Environments committee (HWE) and coordinating a meeting to share the findings of this DNP project and to discuss dissemination to the group for possible larger implementation.

Ethical Considerations

This project has been deemed a QI project by the Yale University Institutional Review Board (IRB). The LAC+USC Primary Care leadership team has approved this project.

Chapter 4

Results

Aim 1 Evaluation

Aim 1 of the project was to disseminate a pre- and post- survey to the pilot group using the MJWQ survey in addition to one question from the TIS-6. Another objective within this aim was to create a virtual platform. The newly developed COVID-19 Vaccine Clinic team was the designated pilot group made up of licensed nursing staff, providers, pharmacists, certified medical assistants, and clerks. This was a clinic created during the pandemic that officially launched upon the FDA's approval of the Emergency Use Authorization (EUA). The workforce used to staff this clinic came from redeployed personnel from other areas of the hospital including Primary Care, Inpatient Services, and Employee Health Services.

Developing a Virtual Platform

LAC+USC Medical Center used Microsoft TEAMS as a mode of communication. As a pre-phase to the development of a virtual environment for the *Joy in Work* protocol implementation, a Microsoft Teams group was created for the Vaccine Clinic. Within this TEAMS group, a channel was created titled "Meaning and Purpose Project" specifically for this effort. This medium was predominantly used before the implementation of the model protocol for the purpose of communicating the expectations, the timeline, and the reminders to the participants. The channel also housed the pre- and post-survey via a link and a Quick Response (QR) code.

Virtual Platform. The aim was to develop a virtual environment to promote accessibility and communication, while also fostering anonymity and transparency. Instagram, the social media application was used as the virtual platform. A total of 40 anonymous Instagram handles

were created without using participants' personal information. Examples of user name handles were MPWVAX1 and MPWVAX2. To support these profiles, 40 Google Mail (Gmail) accounts were also created. An additional account was created for the moderator, who had no supervisory relationship with any of the participants. The handle for the moderator's account was ModeratorLAC2021. All 41 accounts were initially created with the same password. The Informatic System (IS) Team were given the responsibility to assign user name to each participant randomly and without sharing this information with anyone else involved in the project. Upon allocation of Instagram handle, the IS team assisted the end-user to change their passwords before the start of the project. Out of the 40 participant accounts, 25 were assigned successfully.

Pre- and Post- Survey Response Rate

There was staffing attrition in the COVID-19 Vaccine Clinic due to the shared staffing model. The clinic started with a total of 50 members that diminished to about 35 members by the time the protocol was initiated. Survey completion was based on convenience, and was voluntary. Due to the concern for anonymity, the survey link and QR code was posted on the Microsoft Teams channel for participants to access. The survey was set up to generate a two to three-digit random ID for each participant to link a participant's pre- and post- survey. The participants were asked to send an email to themselves with the random ID to act as a reminder since this random ID will be needed for the post survey. A total of 43 participants completed the pre-survey, while only 13 initially completed the post survey. A repeat post-survey was offered without the random ID and it increased responses to 29.

Aim 2 Evaluation

Survey Results

Participant scores were reviewed and analyzed. Mean scores were calculated for each item as shown in table 1 and figure 1. There was an overall increase in the mean for all items for both the MJWQ and TIS-6 Scales.

Item	Pre-Survey Mean	Post-Survey Mean
Q1 I am treated with dignity and respect by everyone I work with	4.11	4.59
Q2 People that I work with make me feel valued	4.11	4.38
Q3 I have a sense of connection with others at work	4.11	4.48
Q4 Positive happenings at work give me heightened energy	4.18	4.83
Q5 My job helps me to work toward personal goals	3.86	4.41
Q6 My daily work is important	4.52	4.86
Q7 I get meaning from the work that I do	4.36	4.72
Q8 My work contributes to meaning in my life	4.3	4.69
Q9 In my job, I am doing things that matter	4.49	4.79
Q10 I get feelings of personal accomplishment from my work	4.28	4.76
Q11 My daily work goals are meaningful to me	4.23	4.69
Q12 The work that I am doing contributes to my spiritual well-being	3.77	4.41
Q13 I know my work makes a positive difference in the world	4.35	4.9
Q14 The work I do serves a greater purpose	4.36	4.93
Q15 I frequently experience pleasure as I complete my work activities	3.98	4.48
Q16 In my job, I can show patients that I care	4.44	4.83
Q17 I am able to offer a caring presence in my work activities	4.4	4.76
Q18 How often have you considered leaving your job?	4.09	4.1

Table 1.Pre- and Post- Survey Mean per MJWQ and TIS-6 Survey Item

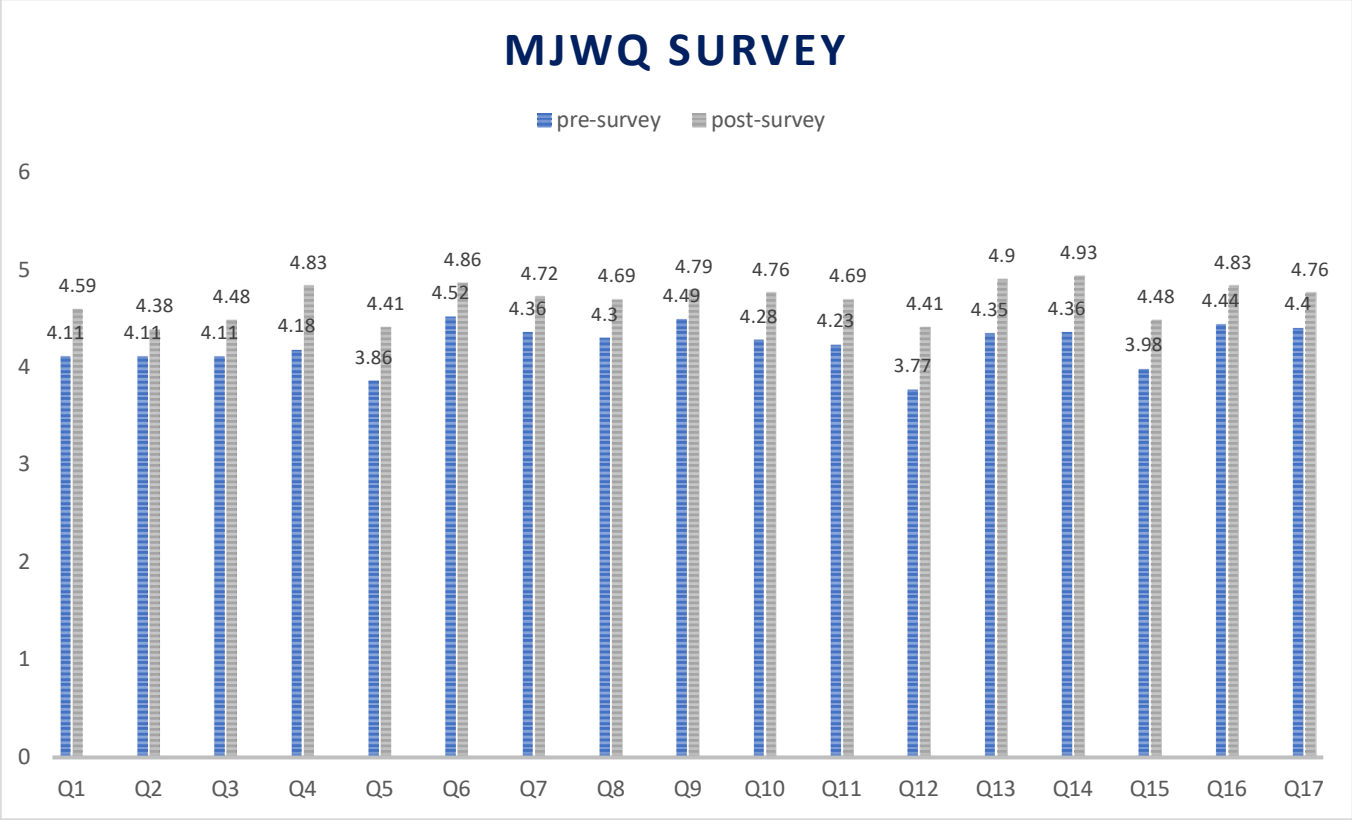


Figure 1. MJWQ Survey Item Pre- and Post- Survey Mean

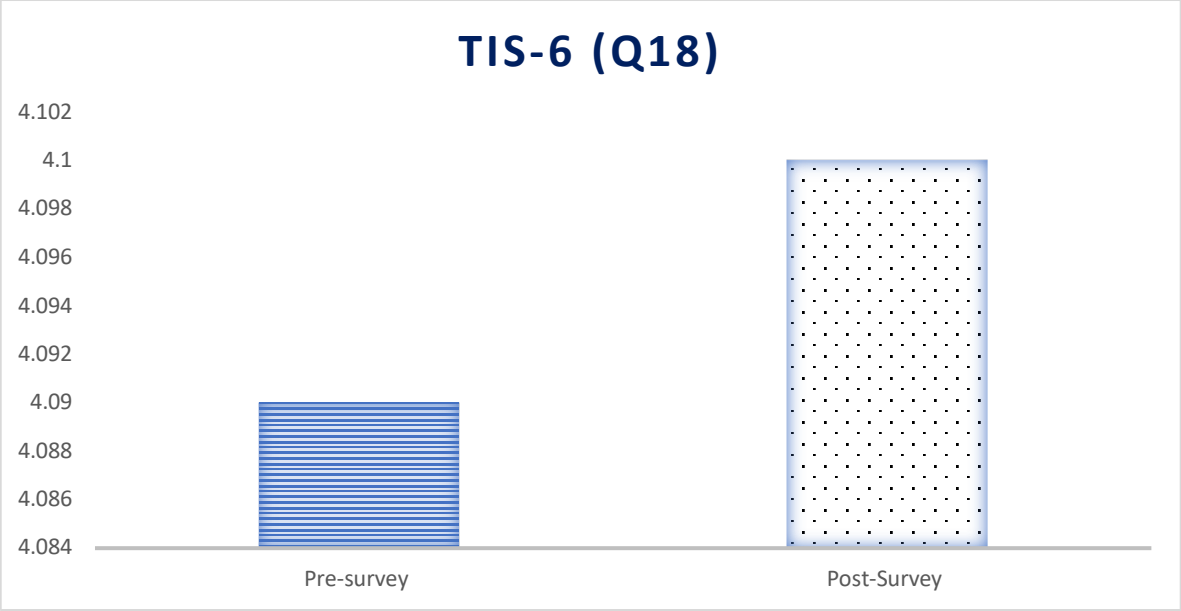


Figure 2. TIS-6 Q18 Survey Item Pre- and Post- Survey Mean

To evaluate the larger impact on value and connections, meaning, and caring in relation to work, the subscales were evaluated using aggregate data. The mean of the items under each subscale were calculated. Then the percentage of change was determined based on the calculation of the difference of the pre- and post-survey as depicted in Table 2. The percentage change was also calculated for the TIS-6 survey question.

Subscale MJWQ	Pre-Survey Mean	Post-Survey Mean	Percent Increase
Value and Connections	**4.07**	**4.53**	**11.30%**
Meaning	**4.26**	**4.72**	**10.70%**
Caring	**4.42**	**4.79**	**8.37%**
Intent to Leave			
TIS-6 Item	**4.09**	**4.1**	**0%**

Table 2. MJWQ Subscale, and TIS-6 Item Pre-Survey Mean, Post-Survey Mean, and Percent Increase

Subscale: Value & Connections. The mean score increased by 9.4% in this subscale. The item, "I have a sense of connection with others at work" had the most notable increase. It can be deduced that all participants who completed the post survey experienced higher sense of value and connection to work, and those they work with based on the percentage increase of this category; this may be related to the buy-in to the shared mission of this clinic. Although there was an increase in post survey means across all subscales, *value and connections* showed the lowest increase. This might be associated to the new work environment, and the newly formed team getting acquainted.

Subscale: Meaning. This subscale showed the highest percent increase of 14.6%. The items "I frequently experience pleasure as I complete my work activities" and "my daily work goals are meaningful to me" shared the most growth in post-survey responses. These results suggest a heightened perception of meaning to the work that the participants do, and may be associated to the status of the pandemic. COVID-19 affected many individuals and families negatively. This project occurred during the surge in Los Angeles, which also happened to be the nation's epicenter at the time. There was a shared sentiment and determination to resolve the pandemic especially among the healthcare professionals. Since there was no treatment for this virus, the Pfizer Vaccines were perceived to be the most meaningful solution to this pandemic.

Subscale: Caring. The post survey response augmented by 13.1% for this subscale. An increase in both items "in my job, I can show patients that I care," and "I am able to offer a caring presence in my work activities" conveys a heightened sense of caring from the participants who completed the post survey.

TIS-6. The TIS-6 item was also evaluated using the mean scores from the pre- and post-survey. After the protocol was implemented, the mean to the participants' response of "never" to question 18 "how often have you considered leaving your job," by 0.1. The percentage increase was minimal, but this suggested that this project may impact intent to leave.

Overall, there was an improvement in post survey results with meaning and joy in work. The MJQW results suggest that there was an increase in participants' perception of connection, meaning, and caring. Inversely related to these results, TIS-6 question suggested that participants' intent to leave the organization slightly decreased after the protocol implementation.

Model Protocol Implementation Results

Part of aim 2 of this project was to implement and evaluate the protocol in a Primary Care Clinic. All participants attended a 15-minute presentation introducing the project and its purpose. To start the project, the moderator posted two videos in the virtual environment. The first was to introduce the moderator as well as to provide a general overview including expectations, rules, and guidelines of the quality improvement initiative. The second video previewed the three questions that were asked and gave specific instructions on how to answer using the comment function. The responses were collected and evaluated.

Response Rate

A total of 40 Instagram handles were created, but the IS department reported distributing only 25. This was a quality improvement project so participation was voluntary. Out of the 25 handles given, 21 responded to question #1, 16 responded to question #2, and 16 responded to question #3. A total of 14 responded to all three questions. See figure.3 for the breakdown.

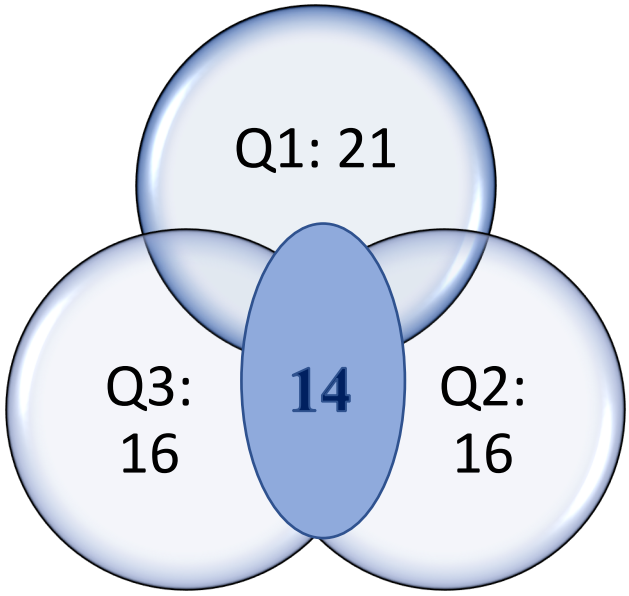


Figure 3. Number of Participant Response to Question 1, 2 &3, and to all 3

Due to the nature of the free text response, the responses were grouped into common themes that emerged from each question. This data set summarized the responses and were shared with the group. Participants responses were used as a guide to develop the clinic's roadmap which was the final deliverable of this project.

Results of Model Protocol Questions

Question #1: What matters to you? The responses to this question were grouped under the following categories: to end the pandemic (N= 10); to help make a difference in the community and restore health (N=7); to work in a just, and respectful environment (N=5); to make history (N=2); to work in a place where roles are defined and staff are comfortable and competent with their roles (N=2); to work in an environment with teamwork (N=2). See table 3 for the themes and total responses for each theme. Some responses included more than one category, whereas no more than one item was extracted from each response to fit a category. For instance, the following response fit under response ranking 1, 2, and 4.

"My purpose in life is helping out in any way [I] can, [which is] why [I] chose this path. [I] Feel so blessed to be a part of this historic moment, and to be able to give back to my community. My goal is to educate and vaccinate as many people as possible, and to one day hopefully sooner rather than later, be able to look back on this and have a normal life again. Where we can embrace our loved ones again without the fear of them getting sick from this virus, or causing them their death"

Additional categories were created when responses did not fit existing categories. One participant responded "Making sure employees feel comfortable in the new role," which was the reason theme #5 was created.

Approximately 47% of the responses conveyed the importance of ending the pandemic or vaccinating to help the community "normalize" back to health. 33% of the participants stated that making a difference is what mattered to them. These responses came in a time when LAC+USC Medical Center was experiencing a surge as the epicenter of the pandemic. Consequently, many decisions in the organization were centered on the pandemic such as the development of the vaccine clinic and staff redeployment. In addition, about 1/3 of healthcare workers were getting infected with the virus so many were personally affected either directly or indirectly.

Ranking	Q1 Response Theme	# of Response	% of Response
1	To end the pandemic	10	50%
2	To make a difference in the health of the community	7	35%
3	To work in a just, and respectful environment	5	25%
4	To make history	2	10%
5	To work with a competent team where roles are defined	2	10%
6	Teamwork	2	10%

Table 3. Model Protocol Themes and Number of Responses for Question #1: What Matter's to You?

Question #2: What are the bright spots? The responses for this question fit under the following themes: engaged leadership, teamwork, recognition, communication, meeting other colleagues, and helping improve the community's health in addition to ending the pandemic; refer to table 4. All responses fit in at least one category, and some responses fit in more than one theme. Each theme however was given credit per response, so a category's credit could not exceed one per response. A total of 16 participants responded this to this question.

Ranking	Q2 Response Theme	# of Response	% of Response
1	Engaged Leadership	9	56%
2	Teamwork	7	44%
3	Recognition	6	37%
4	Communication	6	37%
5	Meeting Others	5	31%
6	End the pandemic and improve the community's health	4	25%

Table 4. Model Protocol Themes and Number of Responses for Question #2: What are the Bright Spots?

Engaged leadership. About 56% of the responses referred to leadership as a bright spot. Some of the responses were " I am really happy and impressed with the COVID Clinics leadership. The leadership here is very open and receptive to staff input and we actually see the suggestions put to use. I do not get the 'yeah, yeah, sure. sure,' feeling from our leadership team here. Besides fighting COVID one shot at a time I think the leadership model being used here should be used throughout the company." This theme overlapped with other themes like communication and recognition but was centered on perception of leadership and/or management behavior and interaction which was predominantly received well by the respondents. A pattern embedded within in this category was the importance of bidirectional communication, which translated to being heard and empowered. In fact, one participant commented that a bright spot was "Good leadership that [conveys] trust and confidence in the process."

Teamwork. More than 40% of the respondents viewed teamwork as a bright spot. In fact, one of the participants stated "bright spots would be teamwork it is definitely helpful when teamwork is applied it makes getting through tasks much easier while feeling [supported]." Those who commented on teamwork, suggested the importance of work load-sharing as well as

camaraderie. The perception was work becomes easier when people work together in a flexible and adaptable manner.

Recognition. Another theme that emerged from the responses of this questions was recognition. Any phrase that signified positive reinforcement was included in this category. For instance, one end-user stated, "I enjoy that they have shout outs and have recognitions for peoples' hard work that is a definite must that should continue no small deed goes un noticed." Recognition was perceived as rewarding in different levels. Some commented on feeling grateful, and feeling the work they do was validated. The following response touched on a few of these levels; "The clinic leaders are very fair to the employees and also give [a lot] of praise and shows gratitude. This creates a very [positive] environment. And it is reflected in our work and in the smiles on the faces of the patients we vaccinate. [It is] a very warm and welcoming clinic."

Communication. This theme not only formed as an independent category but was also interlaced with the other themes. Many of the respondents discussed the value of the full spectrum of communication from receiving adequate information to having the ability to send information that was also absorbed by the receiver. One medium of communication that had a few mentions were the morning huddles held by the clinic leadership team daily. One of the participants commented, "The huddles held in the morning prior to starting the vaccination clinics have kept us informed and made us feel appreciated!" The bidirectional communication was highlighted in some comments as another user stated, "I appreciate having a huddle every morning to keep us updated with everything that's going on. Asking for opinions and making sure we feel comfortable before making any changes makes me feel care for."

Meeting Other Colleagues. A little over 30% of the respondent cited meeting others colleagues as a bright spot to their work environment. Some mentioned appreciating "Generating

new relationships." Others conveyed satisfaction and "enjoyed working with a great group of people," adding, " We all come from different clinics yet it looks like if we have all worked in the same area for a [long] time. " This suggested that teamwork was in play. It also showcased how a group of individuals came together for a common mission which helped accomplish daily objectives.

End the Pandemic. About 25% of the participants deemed the goal to vaccinate to end the pandemic, as well as to restore health, a bright spot of their work environment. This was a high frequency response from the first question and can be attributed to the state of the pandemic in this time period. In fact, one respondent commented that a bright spot is "making a positive impact during the devastation COVID19 has inflicted on humanity by bringing hope to our staff and our patient community."

Question #3: What are the barriers? The categories that emerged as barriers from this response include: roles and responsibility and workload distribution, outdoor conditions, improvement in signage and communication, vaccine supply shortage, feeling of voice not being heard, inadequate teamwork, and lack of a scheduling. Table 5 shows the amount of responses for each category as well as the percentage of the theme compared to the total responses.

Ranking	Q3 Response Theme	# of Response	% of Response
1	Roles and Responsibility/ Workload distribution	7	44%
2	Improvement in signage and communication	5	31%
3	Outdoor conditions	4	25%
4	Vaccine Supply Shortage	3	19%
5	Feeling of voice not being heard	3	19%
6	Lack of teamwork	2	12%
7	Lack of scheduling system for staff clinic	1	6%

Table 5. Model Protocol Themes and Number of Responses for Question #3: What are the Barriers?

Roles and responsibility, and workload distribution. The highest frequency of responses of any theme fit under the barrier of role definition and workload distribution. There was a perceived inequity in the assignments of roles, and the amount of work given to team members. This was captured in the following response:

"Barriers in working at the covid vaccine clinic are when [you're] a great employee you get more work, while other people do the minimum amount of work . Assignments should be distributed equally and instead of management just thanking us they should see some people are not working and send them back to [their] clinic or [inpatient]."

Role and responsibility definition contributed to this theme. The COVID-19 Vaccine clinic is a newly formed service and with that, a newly formed team. Role confusion was a gap identified along with the unequal workload distribution when assignments were allocated.

Improvement in signage and communication. A little over 30% of the participants made a comment on communication as a barrier with emphasis on the signage of the clinic. One of the participants noted "the signage for the vaccine clinic can be more efficient/effective for others to find especially for those who do not belong to the LAC USC campus or are not [too] familiar with campus." There were concerns about the effectiveness of communication across the medical center. A short independent survey was done with 174 workforce members coming to the clinic that validated the modes of communication being used like email, and the majority of the respondents verified finding the location without any trouble; refer to figure 3.

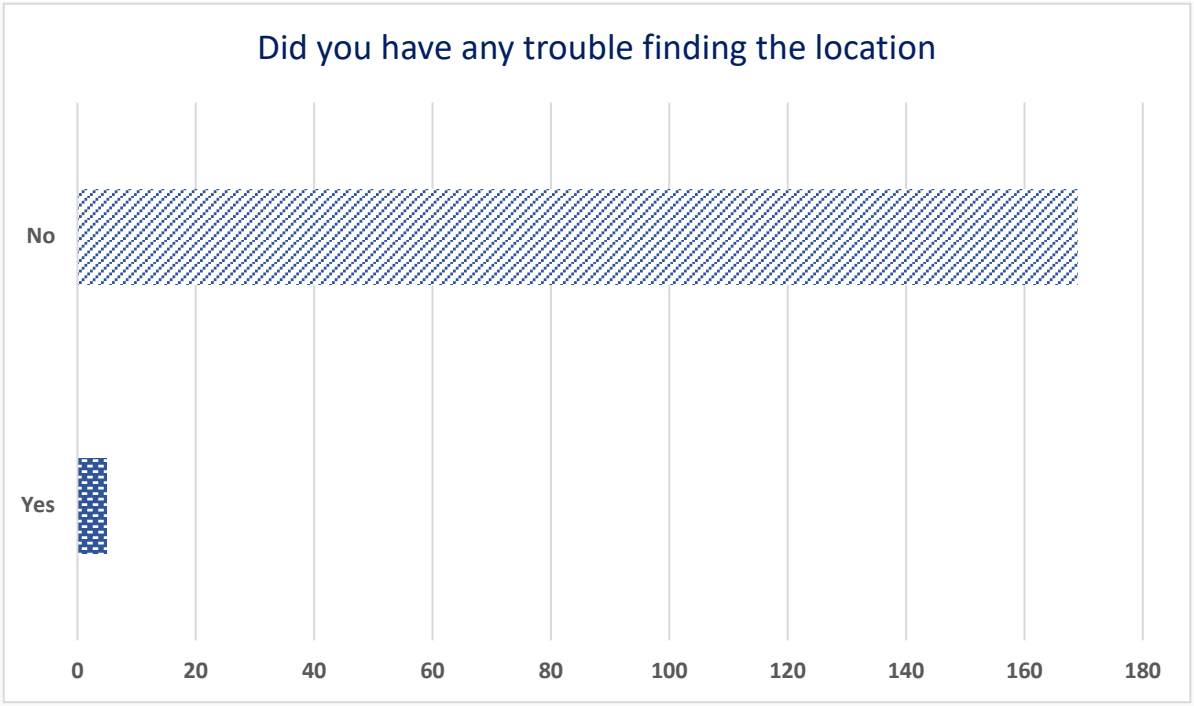


Figure 4. Poll taken to determine wayfinding related to communication to the COVID-19 Vaccine Clinic

Outdoor Condition. About 25% of the respondents commented on concerns with the outdoor set up of the vaccine clinic and the weather conditions. This clinic was running during winter in Los Angeles. The temperature during this season went down to the 40's in the morning and would infrequently be accompanied by wind or rain. The temperature was a checkpoint every morning and when the temperature was deemed to be disruptive by the group, the clinic was moved to an indoor location. The problem with operating indoors was that it did not meet optimal infection control standards in the pandemic especially when providing services to up to 1000 people per day. One participant captured this barrier in the following statement: "We've had issues with things management cannot change, for example the weather, When administering vaccines, although they have provided outdoor heaters, the wind shuts them off or we don't feel it. Bringing us indoors has been a huge fix."

Vaccine supply shortage. Inventory shortage was a theme not only for this question, but for vaccine clinics across the nation. In California in particular, supplies were very limited so vaccine clinic operations had to be adaptable and change based on supplies. This impacted how many patients and staff were scheduled in the clinic. It was perceived a challenge to encourage people to get vaccinated when "supply shortage is a barrier" as one end-user stated. This individual continued to state "there are many people who are interested in receiving the vaccine but supply is very limited."

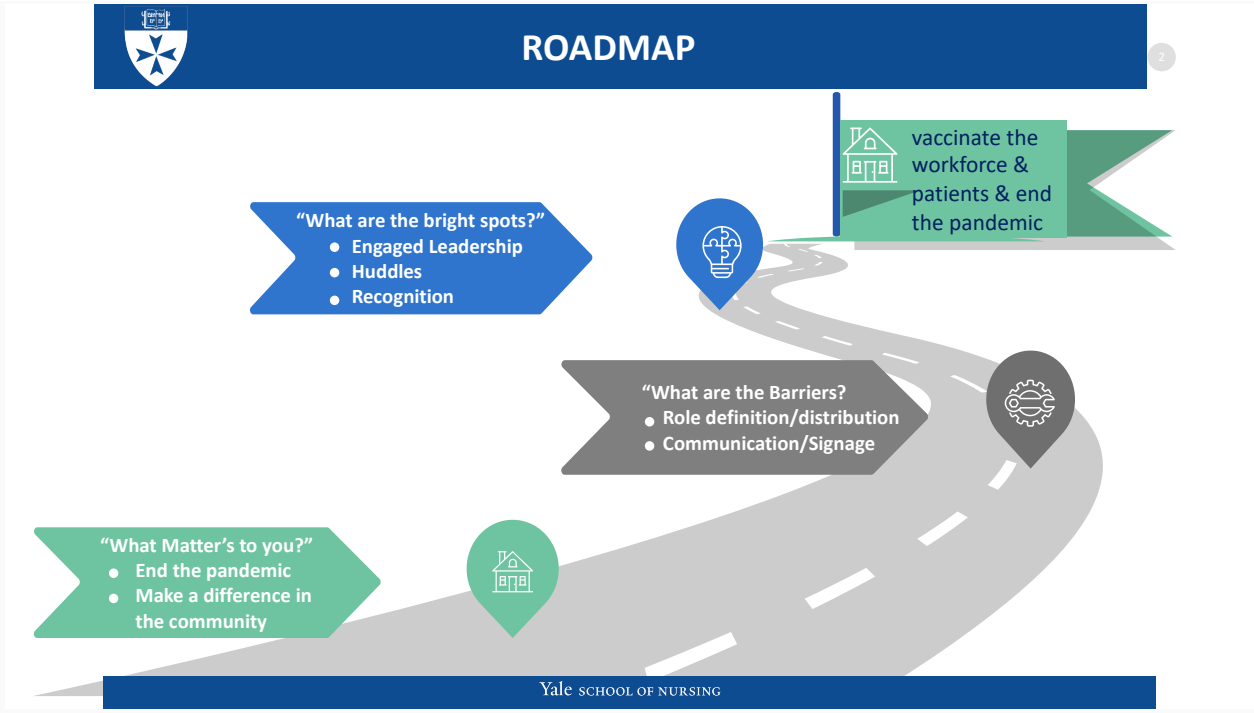
Feeling of not being heard. 3 out of the 16 respondents perceived not being listened to. One participant stated, "We often are asked for our opinions and it seems like it's in vein. At this point I feel I have nothing to contribute, just come in, clean your station, hope to be warm, and just vaccinate, anyways it's not like we are going really being cherished." This comment was attributed to the weather conditions. Unless there were extreme weather conditions, the expectation was the vaccine clinic should be located in the original outdoor space. However, when the weather was borderline, a voting system is usually done where the majority decides the location. It is interesting to also note that one user under the question regarding bright spots commented that leadership listens, then stated under the barriers that "leadership needs to listen" as if responding based on that person's malleable sentiments that is dependent on that individual's situation at the time of response.

Inadequate teamwork. This theme overlaps with roles and responsibilities but was more focused on working together. Two comments were made specifically about inadequate teamwork. One participant stated, "Teamwork is a barrier, some have different work ethics than others." This goes back to the perception of inequity regarding assignment distribution.

Lack of scheduling system. The vaccine clinic vaccinated both staff and patients. When the clinic first launched, the priority group were to vaccinate the workforce members. Staff were given a specific day to come but there was no centralized system that created official appointments. One of the participants mentioned this challenge offering to have "a call center to have employees communicate or confirm if they will be arriving on the scheduled date" in order "to replace slots with other employees who are willing to come" if they cannot make it.

The Deliverable: Roadmap

Using the participants' responses to the three IHI questions as a guide, a roadmap was created. The goal for the clinic was to vaccinate all LAC+USC workforce and patients. The path to get to that goal was mapped out using the responses. The majority of the responses from the first questions was to end the pandemic and help heal the community back to health. The bright spots of the clinic included maintaining an engaged leadership team, daily huddles, and bidirectional communication. The top two barriers identified were role definition and improving clinic signage and communication. A roadmap was created based on the participants' response in the model protocol: See figure 6. The final roadmap was posted and participants were asked to comment if they disagreed with the final pathway that included the goal, bright spots, and barriers. No response was received, validating the roadmap.



Aim 3 Evaluation

The project was in progress of expanding to the rest of the Primary Care Clinics.

Chapter 5

Discussion

The web-based *joy in work* quality initiative was successfully implemented and well received by the team of healthcare professionals working in the COVID-19 Vaccine Clinic. In a time of instability, fear, and fatigue, this project informed a department how to engage a team through reinforcing meaning and purpose in work while also instituting shared governance. Trends in results suggested an improvement in meaning and purpose in the work experienced by participants upon completion of project. Although not intended as a measurement, absenteeism was minimal in this unit, and the productivity was high as evidence by this vaccine clinic leading the Department of Health Services system in total number of vaccines administered. Decreased productivity and absenteeism are consequences of disengagement (Dempsey & Assi, 2018).These were positive outcomes of the project despite fluctuating clinic schedules inconsistent with a traditional clinic infrastructure across the system.

More than 40 participants completed the pre-survey. Influencing factors to the survey response rate included the month-long duration the survey remained open. Moreover, the clinic at the time was staffed by an inconsistent shared model supported by sister facilities and internal areas like employee health. Therefore, others participating in the shared staffing model who did not stay throughout the duration of the project may have completed the pre-survey. There was no way to monitor or limit who completed the pre-survey due to the factor of confidentiality imbedded in the tool. This element may have also impacted the post-survey with less than half completing the post-survey; there was no way to know who completed a survey making follow-up challenging. A barrier to post-survey completion was that participants could not remember the random ID generated by the pre-survey; this was due to participants not following the

instructions to email the random ID to themselves. Some participants opted to take a photo of random ID but still could not retrieve it. There was improvement noted in all fields when comparing both general and specific results based on random ID of the pre and post survey. In fact, the percentage increase was greater in all fields when comparing pre- and post-survey based on random ID. When the random ID component was removed, the numbers of respondents increased to 29.

The percentage increase in post survey in all subscales of the MJWQ survey suggested that there was an improvement in the meaning and purpose in work perceived by the participants. Out of all the subscales, the *meaning* subscale showed the highest percentage increase. Questions under this subscale measured the meaning and connection to work which is directly tied to the goal of improving the meaning and purpose in the work participants do. The second highest percentage increase was evident in the caring subscale where the participants perceived having the ability to show others they care. This was aligned with participants' response from the model protocol of being connected to the mission of the vaccine clinic which was to vaccinate to end the pandemic. In fact, in question #1, *What Matters to you*? 50% of the respondents wanted to end the pandemic coupled with 35% of the answers stating they want to help improve the health of the community, showing that they were connected to goal of the vaccine clinic, and they cared about others.

A value added by this project was the qualitative data retrieved from participants' responses in the implementation of the model protocol. The cumulative responses validated the literature on retention. For instance, leadership as a component played an important role to all participants based on responses. For this project, participants perceived leadership to be engaged and supportive as evidence by more than 50% of the respondents referring to leadership as a

bright spot which is equivalent to a satisfier. The literature shows that leadership significantly influences turnover (Gellasch, 2015). Moreover, associated to leadership, bidirectional communication was another factor referred to by participants; they mentioned the importance of being asked for feedback and equated this to feeling supported by their leadership team. Teamwork was also cited as an important element and was perceived a bright spot in this project, which was consistent with the literature as it relates to influencing job satisfaction and retention. More importantly, this project reinforced the strength of outcomes when the task, not the roles or positions of team members, were the focus of a team. The team from different disciplines such as nursing, pharmacy and medicine were unified, prioritizing the mission above all factors which has shown to produce positive outcomes (Havens et al., 2018).

Another unique and important piece to this project was the ability for areas to form an actionable strategy to promote quality improvement. By creating a roadmap, the team not only saw the big picture plan, but was also able to see the more granular path to get to the shared goal. All three questions in the model protocol drove the development of the roadmap. In this map, the team was able to identify processes that should be kept as well as barriers that needed improvement. Daily communication briefs for instance were deemed as a bright spot whereas role definition and assignment distribution were perceived as a barrier.

The element of transparency by means of confidentiality conveyed to all involved that content of feedback for the sake of quality improvement was the focal point. The model protocol allowed for transparency for both individuals to freely express themselves and for the team to have the ability to view all responses while still maintaining anonymity. Commonly, teams are usually reluctant to provide feedback often impacted by fear of retaliation from supervisors or fear of being judged by others. Therefore, ensuring that anonymity was a strength of this project.

This project also addressed a common problem with many engagement surveys where results are often not shared with participants, and no clear actionable plan generated (Dempsey & Assi, 2018). Results for this project were not only shared with the group but were also drilled down and linked to the work environment. Keeping the shared governance spirit, the group was asked to form committees to address the top two problems to come up with solutions then engage leadership with support needed. This was well received as both committees were easily formed with at least ten members in each group.

Initial participant hesitancy impacted the launch of the model protocol. The reluctance to participate in the project derived from doubting the reliability of the virtual platform, Instagram. Most participants already used Instagram in a personal realm, as a social media platform. It was initially hard for the participants to view Instagram as a "closed-space" medium that would foster privacy and transparency in a professional setting. Multiple Question and Answer sessions were held to address concerns related to confidentiality. Project buy-in started to occur in the methods section when participants witnessed a designated IT personnel disseminate Instagram handles without needing personal information. Furthermore, both the one-page job aid developed and the video instructions created by the moderator helped enhance the understanding of the modified use of Instagram as a virtual medium.

An unplanned addendum to this project was a 4-hour retreat that acted as a culmination of this quality initiative. This served three purposes 1) to act as a break from the continuous hard work 2) to officially circle back with the team regarding the action plan 3) to disseminate a similar post survey that did not require a random ID to get a higher response rate. The majority of the retreat focused on the project. The project was presented to the all participants with the final results. As part of the action plan, the committees presented the solutions they generated to

address the top two problems identified during the project. Moreover, twenty-nine post survey results were completed, more than double of the post-surveys done after the completion of the project. There was still an increased noted across all items of the survey. In addition, there was an overwhelming positive response from the retreat with comments like "what a great idea to have a retreat that encourages team work," and "I wish they provided this in all areas of the hospital." The retreat was invaluable to the project and should be considered a permanent extension in future expansion.

Limitations

The COVID-19 Pandemic impacted this project significantly. When this project was set to launch, Los Angeles was at the epicenter of the pandemic experiencing a severe spike in COVID-19 infection rates in the community as well as in the hospital setting. Since LAC+USC Medical Center is an integrated system, housing both the inpatient and outpatient service lines within one location, outpatient was greatly impacted with redeployment. More than 50% of outpatient nursing staff were reassigned to inpatient units to support the crisis healthcare professionals were experiencing in areas like the Emergency Room and Intensive Care Units. The workforce was also directly impacted with COVID-19 infections which not only impacted staffing numbers but also influenced individuals' perspective on the pandemic; about 1/3 of the workforce was infected by COVID-19 in the organization.

Ironically, turnover also affected this project. The initial moderator of the project was a quality coach who left the system before the project began which caused a delay in the project start date. Then, redeployment was mandated which impacted the original pilot setting. Since all Primary Care clinics were depleted of staff, the original pilot site changed to the newly

established COVID-19 Vaccine clinic. The start date for the project was delayed by more than a month.

Los Angeles, along with the rest of the nation was shaken by the COVID-19 Pandemic. Many either experienced it first hand or had a close relationship with someone who was infected. For all the participants involved there was already a strong energy about the desire to end the pandemic in combination with excitement of having the opportunity to act on that goal with the Pfizer vaccines. This was apparent in the responses from question one, *what matters to you?* Therefore, results from this project did not represent normal operations pre-pandemic. Alternatively, this project has the potential to have higher potency for the reason that it addresses engagement in a time when burnout and fatigue were exacerbated due to stressful working conditions heightened by the spread of COVID-19. This project should be trialed post pandemic to capture results based on normal operations.

Implications

A virtual environment tailored to this initiative is needed to make the spread easier to other areas. Instagram was used because it was accessible and modifiable to fit the project. It was also chosen over other available virtual mediums because the functions fit the question-and-answer style of the project best. In addition, the camera emblem of Instagram was symbolic for taking an introspective photo of the environment and evaluating the current state through the lens of the participants. For the sake of this project, an existing platform was modified to fit an ideal virtual medium. Although this was a feasible way to trial without developing a permanent software, creating parts of the virtual environment like the user names and emails associated was too time intensive. The success of the project validates the need for a virtual medium that allows for anonymity and transparency for communication across the organization.

During a time when burnout and turnover was increasing as a result of the impact of the pandemic that included redeployment to areas that were foreign to the nursing staff, the COVID-19 Vaccine Clinic did not experience the same phenomenon experienced in other redeployment sites. In fact, there was an improvement in MJWQ survey scores, and most participants did not want to return to their units per a unit poll. This further validates the need to expand this project with the hope that it yields similar results of engagement and satisfaction.

Future Work

Many studies exist on healthy work environments, engagement, and retention. There are also now frameworks like *Joy in Work* that have been developed to promote connection to work and healthy work environments. The gap continues to be the inability to apply theory into work environments. This may be the result of the lack of proven actionable strategies that enable the translation of theory into practice.

A lack of standardization exists in retention strategies recommended in healthcare operations. The problem in healthcare is that strategies vary across organizations with some having no overt actionable plan. The organizations with existing strategies are rarely incorporated into policy. This is the reason that a vetted, gold standard model is needed in healthcare. In addition to a model, it is also important to incorporate healthy work environments into policy where actionable mandates are included.

To strengthen this project, more work should be done to refine the model protocol until it can act as a strong starter kit for organizations to follow. This project should be evaluated over time to more accurately evaluate the impact on intent to leave and turnover. This will also support the sustainability of project.

Conclusion

The population's healthcare needs are increasing while the workforce is declining. This is a critical imbalance that should to be urgently addressed. While hiring and recruiting is important, healthcare organizations should begin their focus on retaining the team they have. There is a body of work related to engagement and retention strategies, but there is a gap in literature on gold standard models.

This capstone is promising. It comprehensively addressed missing elements in retention and engagement efforts in health systems across the country. This model benefits healthcare systems in many ways; it improves the state of the workforce, it promotes positive outcomes, and it has the potential to positively impact financial margins. Therefore, with replication and refinement, this project is foundational to the development of a blueprint that can lead to a redesign of retention strategies that can potentially save the future of the healthcare workforce.

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Appendix A: Glossary

Term	Definition
Burnout	The World Health Organization (WHO) defines burnout as a problem associated chronic workplace stress; emotional exhaustion, depersonalization and low sense of professional efficiency. It is job demand-resource imbalance that is heightened by lack of support from different levels of the system (World Health Organization, 2019).
Baby-boomers	Individuals born between 1946 and 1964 make the up this 20 year-age cohort—the largest in United States history (Venter, 2017; Delli Carpini, 2014). Boomers, as this group is dubbed, accounted for 24 percent of the total U.S. population in the year 2014 and 71 percent of the population aged 50 or older (Russell, 2015).
Intent to Leave	Refers to the potential for employee turnover (Hayes et al., 2012). ITL is an employee's plan to leave their current job in the near future and can be used as a measurement for turnover (Worku, et al., 2019).
Job Satisfaction	There is not one consistent definition of job satisfaction (Liu, Aungsuroch, &Yunibhand, 2015). An all-encompassing definition of job satisfaction is an employee's affective response to a work environment (Hu, 2007). "The degree of affect towards a job and its main components" is another definition used for this term (Cicolini, 2014, p.855).
Millennials	Defined as any individual born after 1980 (Pyoria, et al., 2017). This group makes up one-third of nurses across the nation (Koppel, 2017).
Nurse Turnover	Nurses leaving the profession and/or leaving the organization (Yamaguchi, Inoue, Harada, & Oike, 2016).
Practice Environment	This is defined as "the organizational characteristics of a work setting that facilitate or constrain professional nursing practices" (Lake & Friese, 2006, p. 2). It is also defined as the factors that affect a nurse's ability to practice nursing skillfully and deliver high level care (Swiger, et al., 2017).
Resilience	The ability to rebound or cope successfully despite adversity (Yilmaz, 2017).
Shared Governance	Shared decision making between the frontline nurses and leaders, which includes applying research into practice, project implementation, resource utilization, and staffing (Boswell, Opton & Owen, 2017).